NOVA SCOTIA
HEALTH SERVICES
AND
INSURANCE COMMISSION

ANNUAL REPORT

TO THE MINISTER OF HEALTH
PROVINCE OF NOVA SCOTIA

For the year ended March 31,1985

86-02613/

Nova Scotia
Health Services
and
Insurance Commission
Members
March 31, 1985

Chairman
Clemm E. Larsen
Parrsboro

Vice-Chairman
Professor R.G. Murray
Dartmouth

Jean Dobson
Kentville

G.S. Fairn
Middleton

C. Herbert Inness
Port Medway

Dr. Philip Jardine
Musquodoboit Harbour

Mary MacDonald
New Waterford

William MacDonald
Yarmouth

Dr. D. C. T. Macintosh
Halifax

Dr. N. K. MacLennan
Sydney

Dr. Bruce Pretty
Halifax

Major General George Spencer
Chester

Executive Director: J. G. Hare

Executive Secretary: D. H. Waller

Address: P. O. Box 760, Halifax
Telephone: 424-8900

For the year ending March 31, 1985

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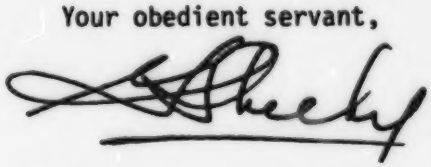
To The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of the Province of Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1985.

Your obedient servant,



Gerald Sheehy, D.V.M.
Minister of Health

To The Honourable Gerald Sheehy, D.V.M.
Minister of Health
Joseph Howe Building
Halifax, Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1985.

Respectfully submitted,

Clemm E. Larsen

Clemm E. Larsen
Chairman

INTRODUCTION

This is the twelfth annual report of the Health Services and Insurance Commission to the Honourable Minister of Health and is made pursuant to Section 16(1) of the Health Services and Insurance Act.

Programs provided to residents which are the responsibility of the Commission are:

(a) physician services
(b) surgical-dental services in hospital
(c) vision analyses by optometrists
(d) drug program for residents 65 years of age and over
(e) dental services for children born on or after January 1, 1967 to age 16, or for students registered with the School for the Blind
(f) program for sufferers of cystic fibrosis
(g) dental program for patients with cleft lip/cleft palate
(h) drug program for those suffering from diabetes insipidus related to the pituitary gland
(i) program of drugs for cancer patients
(j) prosthetic services program

The Commission consisted of 12 members appointed by the Lieutenant Governor in Council. Twelve regular meetings were held by the Commission during the year. Committees of the Commission met as required throughout the year.

Maritime Medical Care continues to carry out the day-to-day administration of the various programs.

The total number of claims processed under all programs was 6,985,000 a 3.9 percent increase over the previous year.

Total payments incread by 11.7 percent to $202,599,484.

Basic statistical data relating to all programs will be found in the statistical section of this report. More detailed data are available on request.

HIGHLIGHTS 1984-85

1. Legislation was enacted prohibiting doctors, dentists and optometrists from charging patients amounts above the MSI tariff.

2. Professor R. G. Murray, Q.C. was reappointed as a member and Vice-Chairman of the Commission.

3. Miss Jean Dobson, Dr. Philip Jardine and Dr. D. C. T. Macintosh were also reappointed as members of the Commission.

4. The medical tariff increased by 5%, effective April 1, 1984 and by 3.53%, effective July 1, 1984.

5. The dental tariffs under the Children's Dental Plan, Cleft Palate and Surgical-Dental programs increased by 5%, effective April 1, 1984 and by 3.53%, effective July 1, 1984.

6. The optometric tariff was increased effective April 1, 1984 by 5% and by 3.53%, effective July 1, 1984 and 5.8%, effective September 1, 1984.

7. Inquiries were held into submission of irregular claims, and two pharmacies were ordered not to practise under the Plan for designated periods, and one physician was reprimanded.

8. Supply and fitting of artificial eyes or scleral cover shells were added to the benefits of the Prosthetic Services program.

9. The professional component of the pharmacare tariff continues in effect, at $5.50, until June 30, 1985.

GENERAL INFORMATION

Legislation

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia 1973, the Health Services and Insurance Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital programs was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists and pharmacists.

Effective July 1, 1984, the Health Services and Insurance Act was amended by Chapter 50 of the Acts of 1984. The effect of the amendment was to preclude billing above tariff by physicians, dentists and optometrists. The amendment also established a system of final offer arbitration for resolution of issues relating to compensation.

The Commission

The wide range of services provided to residents of Nova Scotia is administered by a Commission consisting of not fewer than 9, or more than 12, members responsible to the Minister of Health. For the year ending March 31, 1985, there were 12 members, including two physicians nominated by the Medical Society of Nova Scotia and two members nominated by the Association of Health Organizations.

Each Commissioner holds office for such term as is prescribed by his or her appointment, and is eligible for reappointment, but shall not hold office for a term or terms exceeding six consecutive years.

Professor R. G. Murray, Q.C. was reappointed as a member and Vice-Chairman of the Commission during the past year.

Miss Jean Dobson, Dr. Philip Jardine and Dr. D. C. T. Macintosh were also reappointed as members of the Commission.

Mr. D. H. Waller Continued as Executive Secretary to the Commission and Mr. J. G. Hare, C.A., as Executive Director of the Commission.

Responsibilities of the Commission

The Commission has the function and the power

(a) to negotiate in good faith compensation for insured medical services between the Commission on behalf of the Province and

  (i) the Society on behalf of duly qualified medical practitioners in the Province who provide insured medical services, or

  (ii) a professional organization representing persons in the Province who render insured medical services and who are not duly qualified medical practitioners;

(b) to participate in any process of final offer arbitration as provided for in this Section;

(ba) to establish the tariff or tariffs of fees or other system of payment for insured medical services determined in accordance with this Section and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(c) to interpret tariffs and determine their application to the assessment of claims;

(d) to conduct surveys and research in relation to services that are insured under this Act;

(e) to perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) to do all other acts and things that the commission considers necessary or advisable for the purpose of carring out effectively the intent and purposes of this Act.

Funding

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature, and all services are rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province. Until the enactment of legislation prohibiting doctors, dentists and optometrists from charging patients amounts above the MSI tafiff, some individual providers charged patients over and above the amount paid by the Commission.

Administration

The Executive Director, Mr. J. G. Hare, C.A., is responsible to the Commission for the overall direction of the plan. Maritime Medical Care is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with Act and Regulations.

Tariff Development

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariff fees, or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other method of payment, and then requests approval of the Governor in Council to make payments in respect thereof.

Tariff increases effective during 1984/85 were:

(1) medical tariff: 5 percent effective April 1, 1984, and 3.53 percent effective July 1, 1984;

(2) children's dental plan, cleft palate program and surgical-dental tariffs: 5 percent effective April 1, 1984, and 3.53 percent effective July 1, 1984;

(3) optometric tariff: 5 percent effective April 1, 1984, 3.53 percent effective July 1, 1984, and 5.8 percent effective September 1, 1984.

The 3.53 percent increase in the medical, dental and optometric tariffs implemented July 1 was given to compensate these practitioners for the elimination of billing above tariff.

(4) the professional component of pharmacy tariff remained at $5.50 from January 1, 1984.

Registration

Registration of beneficiaries is carried out by Maritime Medical Care, which is reimbursed by the Province for such services as are performed on its behalf.

Eligibility for Benefits

Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility, generally speaking, is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age are issued with a separate registration card at the start of the month following the month in which they reach their eighteenth birthday.

Newcomers to Nova Scotia are required to register with Maritime Medical Care.

Generally speaking, residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special resident would include landed immigrants, discharged members of the Canadian Armed Forces, and returning Canadians (from abroad).

Method of Payment

Usually, the majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. In such instances, payments may be made directly to the patient. This, generally, is the case for services rendered outside Canada or elsewhere within Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission. The level of payment for coverage provided on an out-of-Canada basis for physicians is based on the comparative fee in Nova Scotia, plus 75 percent of the balance.

No payments are made with respect to services provided at the request of a third party, or for services deemed unnecessary.

Third Party Recoveries

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Departmental Solicitor and the Casualty Claims Examiner, Miss K. Delaney, of the Department of Health, with the assistance of other staff members.

During the fiscal year 1984-85, $132,745.35 in respect to medical services payments was recovered from third parties.

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M.S.I. Payments Summary

Table 1

12 Months Ended March 31, 1985

	1983-84	1984-85	Percentage Change
Physicians Services			
Fee-For Service Payments	$130,441,210	$145,965,267[1]	11.9
Salaried & Sessional Payments	4,904,115	5,460,061	11.3
Total Payments For Physician Services	$135,345,325	$151,425,328	11.9
Dental Services			
Insured Dental Surgical Services	$ 1,725,580	$ 1,981,155	14.8
Children's Dental Plan	10,835,443	11,376,428	5.0
Cleft Palate & Special Programs	225,155	268,757	19.4
Total Dental Payments	$ 12,786,178	$ 13,626,340	6.6
Optometric Services			
Optometric Plan	$ 1,933,363	$ 2,302,845	19.1
Prescription Drugs			
MSI Pharmacare	$ 30,609,982	$ 34,422,475	12.5
Cystic Fibrosis & Diabetes Insipidus	315,118	310,326	- 1.5
Cancer Society	55,334	26,381	-52.3
Prosthetic Services	$ 313,732	485,789[2]	54.8
TOTAL MSI PAYMENTS	$181,359,032	$202,599,484	11.7
Administrative Expense, Maritime Medical Care Incorporated	$ 6,123,276	$ 6,499,692	6.2
Administrative Expense, As A Percent Of Total	3.4%	3.2%	
TOTAL	$187,482,308	$209,099,176	

1. Of the amount shown above for physicians services $201,667 for Out-of-Province Hospital Out-Patient and Diagnostic Services was transferred to the Department of Health in 1984-85.

2 Includes $41,528 paid for maxillofacial surgery.

Physicians Services

Table 2

Payment and Utilization Summary

Fiscal 1984-85 Compared With Fiscal 1983-84

	1983-84	1984-85[1]	Percentage Change
Payment Summary			
Fee-For-Service Payments For Physicians Services Rendered in Nova Scotia	$128,748,122	$144,100,937	11.9
Physicians Services Rendered Outside Nova Scotia	1,693,088	1,864,330	10.1
Total Fee-For-Service Payments	$130,441,210	$145,965,267	11.9
Salaried Physicians	4,904,115	5,460,061	11.3
Total Payments For Physician Services	$135,345,325	$151,425,328	11.9
Utilization Summary			
Persons Insured	849,000	861,000	1.4
Persons Receiving Insured Services (Beneficiaries)	743,886	757,144	1.8
Percent of Persons Insured	87.6	87.9	
Services Rendered	5,976,806	6,218,853	4.1
Services Per Insured[2]	7.04	7.22	2.6
Expenditure Per Insured[3]	$159.42	$175.87	10.3
Services Per Beneficiary[2]	8.03	8.21	2.2
Expenditure Per Beneficiary[3]	$181.94	$200.00	9.9

1. Of the total for physicians services $201,667 for Out-of-Province and Diagnostic Services was charged to the Department of Health in 1984-85.
2. Excludes services performed by physicians under salary arrangement.
3. Includes payments for salaried physicians services.

Physicians Services

Table 3

Fee-For-Service Payments

Amount Paid By Type Of Service

	12 Months Ended March 31, 1984		12 Months Ended March 31, 1985		% Change
	Amount Paid	% Of Total	Amount Paid	% Of Total	Amount Paid
Consultations	$ 16,454,016	12.6	$ 18,747,326	12.8	13.9
Office Visits	41,966,918	32.2	48,210,388	33.0	14.9
Home Visits	4,065,033	3.1	3,998,417	2.7	- 1.6
Hospital Visits	8,570,616	6.6	9,742,146	6.7	13.7
Emergency & Out-Patient Dept. Visits	7,083,816	5.4	8,287,900	5.7	17.0
Intensive Care	1,155,415	0.9	1,345,143	0.9	16.4
Psychiatric Services	5,704,838	4.4	6,537,462	4.5	14.6
Sub-Total	$ 85,000,652	65.2	$ 96,868,782	66.4	14.0
Eye Examinations	2,126,991	1.6	2,110,855	1.4	- 0.8
Other Diag. & Ther.	8,209,872	6.3	9,037,988	6.2	10.1
Sub-Total	$ 10,336,863	7.9	$ 11,148,843	7.6	7.9
Obstetrical Care	$ 4,370,111	3.4	$ 4,801,649	3.3	9.9
Major Surgery	14,196,823	10.9	15,790,030	10.8	11.2
Minor Surgery	4,411,840	3.4	4,695,163	3.2	6.4
Surgical Assist	1,399,613	1.1	1,440,192	1.0	2.9
Anaesthesia[1]	7,562,941	5.8	8,085,075	5.5	6.9
Sub-Total	$ 27,571,217	21.1	$ 30,010,460	20.6	8.9
All Other Services[2]	3,162,367	2.4	3,135,533	2.1	- 0.9
TOTAL	$130,441,210	100.0	$145,965,267	100.0	11.9

1. Includes Dental Anaesthesia Services: 1983-84 = $303,226; 1984-85 = $330,975

2. i.e., amounts paid for out-of-province services, independent consideration, detention fees and group immunization.

Physician Services

Table 4

Fee-For-Service Payments

Number Of Physicians By Specialty And Payment Range[1]

(1983-84 Compared With 1984-85)

	Under $50,000		$50,000 - 99,999		$100,000 - 149,999		$150,000 - 199,999		Over $200,000		Total	
	1984[2]	1985[2]	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Anaesthesia	11	10	18	16	28	26	2	7	1	2	60	61
Dermatology	2	1	3	4	--	--	--	--	3	3	8	8
General Practice	268	309	204	207	225	235	69	92	24	35	790	878
General Surgery[3]	25	28	15	9	31	21	17	23	21	28	109	109
Internal Medicine	55	53	29	30	14	15	13	10	11	15	122	123
Neurology	2	5	5	5	1	1	1	1	1	1	10	13
Neurosurgery	--	--	--	--	3	2	1	2	1	1	5	5
Obstetrics & Gynaecology	4	5	13	8	7	8	13	10	4	10	41	41
Ophthalmology	4	4	2	5	5	3	11	7	9	15	31	34
Ophthalmology & Otolaryngology	1	2	2	2	2	1	--	--	--	--	5	5
Otolaryngology	4	4	--	2	6	2	2	4	8	10	20	22
Orthopaedic Surgery	5	2	1	--	3	5	4	2	6	8	19	17
Paediatrics	28	25	13	16	6	7	5	5	1	1	53	54
Physical Medicine	1	--	2	2	1	2	--	--	2	2	6	6
Plastic Surgery	--	--	1	--	1	--	3	4	2	3	7	7
Psychiatry	32	27	19	22	13	15	3	4	--	--	67	68
Radiology[4]	62	62	4	5	--	--	1	1	--	--	67	68
Urology	2	1	3	4	3	5	6	4	3	4	17	18
Other Specialties[5]	7	13	--	--	--	--	--	--	--	--	7	13
TOTAL	513	551	334	337	349	348	151	176	97	138	1,444	1,550

1. This table provides data on MSI fee-for-service payments only.
2. 1984 refers to the fiscal year 1983-84 and 1985 refers to the fiscal year 1984-85.
3. Includes Thoracic Surgery.
4. Does not include payments made by hospitals.
5. Includes Pathology (5) and Public Health (2) in 1984, and Pathology (11) and Public Health (2) in 1985.

Dental Services

Table 5

Payment and Utilization Summary

PAYMENT SUMMARY	1983-84	1984-85
Children's Dental & Dental Surgical[1]		
- Services in Nova Scotia	$12,540,064	$13,343,343
- Services Outside Nova Scotia	20,959	14,240
TOTAL	$12,561,023	$13,357,583
Special Dental Programs[2]	225,155	268,757
TOTAL DENTAL PAYMENTS	$12,786,178	$13,626,340

UTILIZATION SUMMARY	Dental Surgical		Children's Dental	
	1983-84	1984-85	1983-84	1984-85
- Services Rendered	26,383	28,910	524,329	520,162
- Amount Paid[3]	$1,725,580	$1,981,155	$10,835,443	$11,376,428
- Persons Insured	849,000	861,000	209,000	207,400
- Persons Receiving Insured Services (Beneficiaries)	8,795	9,672	122,143	123,378
- Percent of Persons Insured	1.0%	1.1%	58.4%	59.5%
- Services Per Insured Person	.03	.03	2.51	2.51
- Paid Per Insured Person	$2.03	$2.30	$51.84	$54.85
- Services Per Beneficiary	3.00	2.99	4.29	4.22
- Paid Per Beneficiary	$196.20	$204.83	$88.71	$92.21

1. The Children's Dental Plan covers all children under 16 years of age.

2. Special Dental Programs include persons who have a cleft palate; in-hospital services to persons who are severely mentally retarded; and children at the Halifax School For The Blind born prior to 1967.

	1983-84	1984-85		
	Amount Paid	Number of Beneficiaries	Number of Services	Amount Paid
Cleft Palate	$195,255	459	3,053	$227,383
Mentally Retarded	29,871	137	1,148	41,361
Halifax School For The Blind	29	1	1	13

3. Due to methods of processing data, amounts shown may vary slightly from accounting totals.

Dental Services

Table 6

Payments To Dentists, By Payment Range
1983-84 and 1984-85

	Less Than $5,000		$5,000 -9,999		$10,000 -14,999		$15,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 -99,999		$100,000 And Over		Total	
	84	85	84	85	84	85	84	85	84	85	84	85	84	85	84	85	84	85	84	85
Children's Dental																				
General Practitioners	38	45	27	20	26	33	23	19	30	26	22	33	29	27	74	74	10	13	279	290
Specialists	17	7	1	1	3	3	5	3	3	5	-	2	-	1	1	14	2	2	32	38
TOTAL	55	52	28	21	29	36	28	22	33	31	22	35	29	28	75	88	12	15	311	328
Dental Surgical																				
General Practitioners	35	37	5	5	1	2	1	1	-	-	-	-	-	-	-	-	-	-	42	45
Specialists	3	3	-	-	-	-	-	-	1	-	-	-	-	-	-	1	9	9	13	13
TOTAL	38	40	5	5	1	2	1	1	1	-	-	-	-	-	-	1	9	9	55	58

Optometric Services

Table 7

Payment and Utilization Summary

	1983-84	1984-85	Percentage Change
Payment Summary			
Payments To Optometrists In Nova Scotia	$ 1,926,286	$ 2,294,673	19.1
Out-Of-Province	6,949	8,172	17.6
TOTAL	$ 1,933,235	$ 2,302,845	19.1
Utilization Summary			
Services Rendered	94,799	101,648	7.2
Persons Insured[1]	849,000	861,000	1.4
Persons Receiving Services (Beneficiaries)	92,638	98,352	6.2
Percentage of Persons Insured	10.9	11.4	
Services Per 1,000 Insured	112	118	5.4
Expenditure Per 1,000 Insured	$2,277	$2,675	17.5
Services Per 1,000 Beneficiaries	1,023	1,034	1.1
Expenditure Per 1,000 Beneficiaries	$20,868	$23,414	12.2

1. Population estimates from Statistics Canada as of October 1st, 1983 and 1984. Excludes individuals in the Armed Forces or R.C.M.P.: 1984-85 = 13,000
   1983-84 = 14,000

Optometric Services

Table 8

Number Of Optometrists Paid By Payment Range

1983-84 and 1984-85

Location	Less Than $10,000		$10,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 -59,999		$60,000 And Over		Total	
	84	85	84	85	84	85	84	85	84	85	84	85	84	85	84	85
Urban	1	3	5	2	4	2	5	5	5	4	3	5	2	5	25	26
Rural	2	3	5	3	2	3	4	3	4	2	4	4	4	8	25	26
TOTAL	3	6	10	5	6	5	9	8	9	6	7	9	6	13	50	52

Pharmacare Services

Table 9

Payment and Utilization Summary

April 1, 1984 to March 31, 1985

	1983-84	1984-85	Percentage Change
Payment Summary			
Payments For Prescriptions Dispensed			
- By Participating Pharmacies	$29,609,022	$33,334,888	12.6
- By Other Providers	405,086	465,065	14.8
- By Providers Outside Nova Scotia	50,103	50,959	1.7
	$30,064,211	$33,850,912	12.6
Homes for Special Care[1]	545,771	571,563	4.7
TOTAL	$30,609,982	$34,422,475	12.5
Utilization Summary			
Persons Insured	99,000	101,000	2.0
Persons Receiving Insured Services (Beneficiaries)[2]	89,541	92,274	3.1
Percent of Persons Insured	90.4	91.4	
Prescriptions Dispensed	1,903,784	2,017,462	6.0
Prescriptions Per Insured	19.2	20.0	
Expenditure Per Insured	$309.19	$340.82	10.2
Prescriptions Per Beneficiary[2]	21.3	21.9	
Expenditure Per Beneficiary[2]	$335.76	$366.85	9.3

1. Special payment arrangements are in effect for residents of certain Homes Special Care. These include reimbursement of drug costs, and payments for pharmacy services on a sessional or capitation fee basis.

2. Excludes persons residing in Homes for Special Care.

Cystic Fibrosis and Diabetes Insipidus Programs

Table 10

Payment and Utilization Summary

April 1, 1984 to March 31, 1985

	1983-84	1984-85
Payment Summary		
Cystic Fibrosis		
- Drugs	$247,445	$261,841
- Equipment	31,470	10,523
TOTAL	$278,915	$272,364
Diabetes Insipidus	$ 36,118	$ 37,962
Cancer Society	$ 55,334	$ 26,381
Utilization Summary		
Cystic Fibrosis		
- Insured Persons	146	143
- Expenditure Per Insured Person	$1,910	$1,905
Diabetes Insipidus		
- Insured Persons	45	45
- Expenditure Per Insured Person	$803	$844

Prosthetic Services

Table 11

Payment and Utilization Summary
April 1, 1984 to March 31, 1985

Payment Summary	1983-84	1984-85
- Artificial Limbs	$313,732	$438,461
- Maxillofacial Prosthodontics[1]	--	41,528
- Ocular Prosthetics[1]	--	5,800
TOTAL	$313,732	$485,789

Utilization Summary		
Insured Persons		
- Artificial Limbs	166	167
- Maxillofacial Prosthodontics[1]	--	41
- Ocular Prosthetics[1]	--	21
Expenditure Per Insured		
- Artificial Limbs	$1,890	$2,626
- Maxillofacial Prosthodontics[1]	--	1,013
- Ocular Prosthetics[1]	--	276

1. Payments for Maxillofacial Prosthodontics and Ocular Prosthetics began during fiscal 1984-85.